



Executive Office on Aging

STATE OF HAWAII

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Aging Network

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Information

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Executive Office on Aging

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Disclaimer

Part D - Medicare Prescription Drug Program, January 2006 Costs to Beneficiary (without limited-income subsidy)

- About a \$32 monthly premium
- \$250 deductible (each year)
- 25% of drug costs from \$250 to \$2,250
Medicare pays 75%, (so beneficiary pays \$500)
- 100% of drug costs from \$2,250 to \$5,100
(so beneficiary pays \$2,850)
- After \$3,600 (\$250+\$500+\$2,850) in beneficiary out of pocket costs, Medicare pays 95% / beneficiary pays 5%

Limited-Income Assistance (Subsidy) "Extra Help" Under Part D

Full benefit dual eligibles

- Full benefit dual eligibles are individuals who are entitled to Medicare Part A and/or Part B and are also eligible for outpatient prescription drug benefits through Medicaid.

Groups eligible for low-income subsidies

Three groups have been identified for lower-income assistance (subsidies):

Group 1

- Full benefit dual eligibles with incomes below 100 percent of the Federal poverty level (FPL)

Group 2

- Full benefit dual eligibles and non-dual eligible Medicare beneficiaries with incomes between 100 percent and 135 percent of the FPL, with resource limits of \$7,500 per individual and \$12,000 for a married couple

Group 3

- Medicare beneficiaries with incomes between 135 percent and 150 percent of the FPL, with resource limits of \$11,500 for an individual and \$23,000 for a married couple

2005 Hawaii Federal Poverty Levels (FPLs) - changes each year in February, see <http://www.aspe.hhs.gov/poverty/>

Individuals	Couples
100 % FPL = \$11,010 / \$918 month	100% FPL = \$14,760 / \$1,230 month
135% FPL = \$14,863.50 / \$1,239 month	135% FPL = \$19,926 / \$1,660 month
150% FPL = \$16,515 / \$1,376 month	150% FPL = \$22,140 / \$1,845 month

Assistance (subsidy) for each group

Group 1

- ✓ No monthly premium or the deductible if person chooses a standard plan
- ✓ Co-payments - \$1 for generics and \$3 for brand-name drugs (State of Hawaii will pay) If through paying these nominal co-pays the beneficiary reaches \$3,600 in out-of-pocket costs, they are not responsible for any other co-pays for the rest of the year

Note: Those full benefit dual eligibles in nursing homes will have no cost sharing

Group 2

- ✓ No monthly premium or the deductible if person chooses a standard plan
- ✓ Co-payments - \$2 for generic drugs and \$5 for brand-name drugs If through paying these nominal co-pays the beneficiary reached \$3,600 in out-of-pocket costs, they are not responsible for any other co-pays for the rest of the year

Group 3

- ✓ Monthly premium based on a sliding scale depending upon income/ cost of standard plan
- ✓ Reduced deductible of \$50 per year Responsible for 15 percent of the cost of prescriptions up to the \$3,600 out-of-pocket maximum Once maximum reached, co-payments - \$2 for generic drugs and \$5 for brand-name drugs for the rest of the year